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KANSAS HEALTH POLICY AUTHORITY

January 28, 2010

Follow Up Questions for Senate Public Health and Welfare

I. How are the upper dosage limits set?

The Kansas Medicaid Program has limitations on some narcotic prescriptions, and will be adding additional restrictions on short-acting opioids based on the final recommendations of the DUR Board from their January 2010 meeting, finalizing a process that began in July 2009 with the DUR Board's initial discussion of additional narcotic limitations. Limitations are based on a combination of FDA recommendations, American Pain Society Guidelines, and the clinical experience and expertise of the DUR Board members. Long-acting opioids were reviewed for inclusion on the preferred drug list in June 2009.

Current Limitations

Drug Name	System Edit Limitations[1] (per 30 days)
Acetaminophen (APAP) Products	120,000mg
Aspirin (ASA) Products	120,000mg
Hydrocodone/APAP	120,000mg (APAP)
Hydromorphone	1,440mg
Meperidine	36,000mg
Oxycodone	14,400mg (Oxycontin products only)
Oxycodone/APAP	120,000mg (APAP)
Propoxyphene products (with or without ASA)	11,700mg
Tramadol	12,000mg
Fentanyl, transmucosal	4 units/day (regardless of strength)

[1] A 'Super Prior Authorization' is available as an exception.

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Proposed Limitations

Drug Name	Daily dose limitation (per claim)	Monthly cumulative dose limitation (per 30 days on all claims)
Morphine Sulfate	200mg	6000mg
Codeine	1333mg	39990mg
Hydrocodone	200mg	6000mg
Hydromorphone	50mg	1500mg*
Oxycodone	133mg	3990mg
Oxymorphone	67mg	2010mg

*1400mg/30 days limitation on hydromophone currently in place

II. Outline the SURS review process?

The purpose of the Lock-In Program is to reduce expenditures through a reduction of self referrals to multiple care providers. It also provides for case management and continuity of care.

Referrals of beneficiaries to the lock-in program may come from a variety of sources including the SURS unit of the fiscal agent, the DUR board, KHPA, the Quality Assurance unit of the fiscal agent, or providers. Once identified, cases are assigned to a Nurse Analyst with the SURS unit for review. The analyst reviews the beneficiary's claim history to identify patterns such as obtaining same or similar services for the same or similar diagnosis from more than one provider, accessing emergency department care for non-life threatening conditions, using more than one prescribing physician to obtain drugs from the same therapeutic class of medication, or using more than one pharmacy to obtain or attempt to obtain drugs from the same therapeutic class of medication.

If the beneficiary meets one or more of the Lock-In criteria, the beneficiary is "locked in" to one provider, one pharmacy and, if necessary, one hospital for two years. Some beneficiaries, such as those who have forged or altered a prescription, are placed directly on lock-in. Beneficiaries who do not meet the criteria for placement on Lock-In may be educated and then re-reviewed at a later date.

Once placed on lock-in, a review is conducted toward the end of the initial two year period, and the beneficiary may either be removed from the Lock-In program or placed on extended lock-in. Extended lock-in lasts as long as the beneficiary receives a medical card. Beneficiaries removed from the Lock-in program are reviewed in six to twelve months to determine if the abusive behavior returned.

In addition to referrals, beneficiaries are identified for potential lock-in from reports that are run at least quarterly by the SURS unit. The following are examples of the reports that are run.

Beneficiary Peer Group Comparison Report
This report displays and compares all beneficiaries within a peer group to determine which beneficiaries fall outside of service dollar "norms". All information including age, sex, and morbidity is adjusted so that differences in patient mix do not affect the results. This report can look at Professional Service Totals, Professional Referral Totals, Inpatient Referral Totals, Outpatient Referral Totals, Nursing Facility Totals, and Pharmacy Totals. Beneficiaries who are two standard deviations above or below the "norm" for the peer group are highlighted. This report provides a rapid method to find which beneficiaries need to be analyzed more closely utilizing other reports within the DSS Profiler.

Multiple Pharmacies Report
This query identifies beneficiaries with dispensing of specific drugs from three or more pharmacies during a single calendar month. Pharmacy claims billed for drugs in specified therapeutic classes would be reported when the beneficiary received dispensing from three or more pharmacies during a single calendar month.

Multiple Prescribers Report
This query is used to identify beneficiaries with prescriptions for controlled substances/narcotics written by multiple prescribing physicians. This targeted query identifies beneficiaries with prescriptions for controlled substances/narcotics written by three or more different prescribing physicians.

III. How could we prevent a Medicaid beneficiary from using a non-Medicaid physician, by paying in cash, to obtain a prescription to be paid for by Medicaid at the pharmacy?

It would be possible to require the NPI number submitted on a pharmacy claim to match with a prescriber enrolled in Kansas Medicaid. Preliminary research into prescribers of controlled substances indicates that of the 500 top prescribers, only approximately 5% are not enrolled as Medicaid prescribers. We plan to look further into the role that non-participating prescribers might have in supporting the misuse of controlled substances in the Medicaid program, and will examine the system changes required to further scrutinize or limit reimbursement for prescriptions written by non-participating providers, as well as any potential impact on beneficiary access to care.